

<b>NYRX PHARMACY INC.</b> 179-07 Union Turnpike, Fresh Meadows, NY, 11366 Tel: 718-673-7272 FAX: 718-673-7327		ALL COMPONENTS OF THIS FORM ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2019	
NAME: <span style="background-color: black; color: black;">[REDACTED]</span> D.O.B: _____ D.O.A: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: ( ) _____ ALLERGIES: <u>Penicillin</u> ICD-9/BODYPARTS: _____			
<u>LIDOCAINE 5% OINTMENT</u> SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY DISP. <u>150</u> <u>200</u> <u>250gr</u> REFILLS: _____		<u>CeleBREX 200 MG Oral Capsule</u> DISP: <u>30</u> <u>60</u> <u>90</u> SIG: _____ REFILLS: _____	
<u>DICLOFENAC SODIUM 3% GEL</u> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP <u>100</u> <u>200</u> <u>300 Grams</u> REFILLS: _____		<u>DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 150 GRAM</u> APPLY TO AFFECTED AREAS TWICE A DAY DISP. 250 GRAMS REFILLS: _____	
<u>NAPROXEN 550MG</u> SIG: _____ DISP <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<u>NEXIUM 20MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<u>BACLOFEN 20 mg</u> SIG: _____ DISP <u>60</u> <u>90</u> <u>120</u> REFILLS: _____		<u>FLEXIRIL 5MG</u> SIG: _____ DISP. <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
SIG: _____ DISP. <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<b>PRESCRIBER INFORMATION:</b> NAME: DENNY RODRIGUEZ ADDRESS: 170 W 233 <sup>RD</sup> STREET SUITE 1A BRONX, NY, 10463 PHONE: (718) 601-1600 NPI # 1619083677 LIC# 242152  <b>STATEMENT OF MEDICAL NECESSITY:</b> SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS  <b>PHYSICIAN SIGNATURE</b> _____ Date: <u>01-30-19</u>	

PRESCRIPTION ORDER FORM		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2019	
<b>NYRX PHARMACY INC.</b> 179-07 Union Turnpike, Fresh Meadows, NY, 11366 Tel: 718-673-7272 FAX: 718-673-7327			
NAME: [REDACTED] D.O.B: _____		D.O.A: _____	
ADDRESS: _____		CITY: _____ STATE: _____ ZIP: _____	
PHONE: ( ) _____ ALLERGIES: _____			
ICD-9/BODYPARTS _____			
<b>LIDOCAINE 5% OINTMENT</b> SIG: APPLY UP TO AFFECTED AREAS TWICE A DAY DISP: _____ 150 _____ 200 _____ 250gr REFILLS: _____		<b>CeleBREX 200 MG Oral Capsule</b> DISP: _____ 30 _____ 60 _____ 90 SIG: _____ REFILLS: _____	
		<b>LIDODERM 5% PATCH</b> SIG: APPLY UP TO 3 PATCHES TO AFFECTED AREA 12 HOURS ON 12 HOURS OFF DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____	
<b>DICLOFENAC SODIUM 3% GEL</b> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: _____ 100 _____ 200 _____ 300 Grams REFILLS: _____		<b>DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 150 GRAM</b> APPLY TO AFFECTED AREAS TWICE A DAY DISP: 250 GRAMS REFILLS: _____	
<b>NAPROXEN 550MG</b> SIG: _____ DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____		<b>NEXIUM 20MG</b> SIG: _____ DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____	
		<b>FLEXIRIL 5MG</b> SIG: _____ DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____	
<b>BACLOFEN 20 mg</b> SIG: _____ DISP: _____ 60 _____ 90 _____ 120 REFILLS: _____		<b>PRESCRIBER INFORMATION:</b> NAME: DENNY RODRIGUEZ ADDRESS: 170 W 233 <sup>RD</sup> STREET SUITE 1A BRONX, NY, 10463 PHONE: (718) 601-1600 NPI # 1619033677 LIC# 242152	
SIG: _____ DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____		<b>STATEMENT OF MEDICAL NECESSITY:</b> SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS  PHYSICIAN SIGNATURE _____ Date: 3-13-19	

06 14 19

PRESCRIPTION OF FORM		ALL COMPOUND TOPICAL CREAMS . PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016	
FAX: 718-704-0618			
NAME: [REDACTED]		D.O.B: [REDACTED]	
ADDRESS: [REDACTED]		D.O.A: [REDACTED]	
PHONE: ( ) [REDACTED]	CITY: [REDACTED]	STATE: [REDACTED]	ZIP: [REDACTED]
ALLERGIES: [REDACTED]			
ICD-9/BODYPARTS: [REDACTED]			
<b>INDIPROFEN YARS 600 MG</b> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<b>ASPROXEN 650MG</b> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<b>DICLOFENAC SODIUM 3% GEL</b> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: <u>100</u> <u>200</u> <u>300</u> Grams REFILLS: <u>1</u>		<b>LIDOCaine 5% OINTMENT</b> SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY DISP: <u>100</u> <u>150</u> <u>200</u> <u>250</u> REFILLS: _____	
<b>DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCaine OINTMENT 5% 50 GRAM</b> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: 150 GRAMS REFILLS: _____			
<b>Calcibrex 200 MG Oral Capsule</b> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<b>NEXIUM 60MG</b> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<b>BACLOFEN 10 mg</b> SIG: _____ DISP: <u>60</u> <u>90</u> <u>120</u> REFILLS: _____		<b>FLEXIBIL 10MG</b> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<b>Lidocaine Patch 5%</b> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<b>PRESCRIBER INFORMATION:</b> NAME: <u>Boleslav Koschowsky MD</u> ADDRESS: <u>96-18 63RD DRIVE REGO PARK NY 11374</u> PHONE: <u>718-998-9890</u> NPI # <u>1922081264</u> LIC # <u>254893</u> <b>STATEMENT OF MEDICAL NECESSITY:</b> SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONNECTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS <b>PHYSICIAN SIGNATURE</b> _____ Date: <u>4/7/19</u>	

<b>PRESCRIPTION ORDER FORM</b>  <b>FAX: 718-704-0818</b>		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016
NAME: <span style="background-color: black; color: black;">[REDACTED]</span> D.O.B: _____ D.O.A: _____ ADDRESS: <span style="background-color: black; color: black;">[REDACTED]</span> CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____ ALLERGIES: _____ ICD-9/BODYPARTS: _____		
<b>COMPOUND 220N:</b> KETOPROFEN POW 40 GRAMS BACLOFEN POW 2 GRAMS LIDOCAINE POW 2.5 GRAMS CYCLOBENZAPRINE POW 2 GRAMS GABAPENTIN POW 6 GRAMS ETHOXY DIGLYCOL LIQ 17 ML PENTRAVAN CREAM 50 GRAMS  DISP: 120 GRAMS      REFILLS: _____ SIG: APPLY TO AFFECTED AREA TID	<b>COMPOUND 220W:</b> FLURBIPROFEN POW 20 GRAMS BACLOFEN POW 4 GRAMS LIDOCAINE POW 5 GRAMS GABAPENTIN POW 6 GRAMS CYCLOBENZAPRINE POW 2 GRAMS ETHOXY DIGLYCOL LIQ 15 ML PENTRAVAN CREAM 48 GRAMS  DISP: 100 GRAMS      REFILLS: _____ SIG: APPLY TO AFFECTED AREA TID	<b>DICLOFENAC SODIUM 3% GEL 100GR WITH LIDOCAINE OINTMENT 5% 50GR</b>  APPLY TO AFFECTED AREAS TWICE A DAY  DISP: 150 GRAMS  REFILLS: _____
<b>NAPROXEN 550MG</b> SIG: <u>7 tab PO BID</u> DISP: <u>60</u> <u>90</u> <u>120</u> REFILLS: _____	<b>MOBIC TABS 15MG</b> SIG: _____ DISP: <u>60</u> <u>90</u> <u>120</u> REFILLS: _____	
<b>FLEXIRIL 16MG</b> SIG: <u>7 tab PO QHS</u> DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: <u>0</u>	<b>NEXIUM 20MG</b> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____
<b>CeleBREX 200 MG Oral Capsule</b> DISP: <u>30</u> <u>60</u> <u>90</u> SIG: _____ REFILLS: _____	<b>PRESCRIBER INFORMATION:</b> NAME: CLAUDIA H GERIS ADDRESS: 513 CHURCH AVE, BROOKLYN, NY, 11218 PHONE: 718-686-0800 NPI # 1306170428      LIC# 006939	
<b>DICLOFENAC SODIUM 3% GEL</b> SIG: APPLY TO AFFECTED AREAS TWICE A DAY  DISP: <u>100</u> <u>200</u> <u>300</u> REFILLS: <u>0</u>	<b>STATEMENT OF MEDICAL NECESSITY:</b> SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS  <b>PHYSICIAN SIGNATURE</b> <u>[Signature]</u> Date: <u>4/25/19</u>	

# **PRESCRIPTION ORDER FORM**

WELLMARY RX INC.

219-13 JAMAICA VE QUEENS VILLAGE NY, 11428

TEL: 718-704-0808 FAX: 718-704-0818

ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016

NAME: [REDACTED]

D.O.B: [REDACTED]

D.O.A: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP: [REDACTED]

PHONE: ( ) [REDACTED]

ALLERGIES: [REDACTED]

ICD-9/BODYPARTS: [REDACTED]

## **COMPOUND KETOPROFEN**

KETOPROFEN POW 60 GRAMS  
BACLOFEN POW 3 GRAMS  
LIDOCAINE POW 2.75 GRAMS  
CYCLOBENZAPRINE POW 3 GRAMS  
GABAPENTIN POW 9 GRAMS  
ETHOXY DIGLYCOL LIQ 24.25 ML  
PENTRAVAN CREAM 75 GRAMS

DISP: 180 GRAMS

REFILLS: [REDACTED]

SIG: APPLY TO AFFECTED AREA TID

## **COMPOUND FLURBIPROFEN**

FLURBIPROFEN POW 20 GRAMS  
BACLOFEN POW 4 GRAMS  
LIDOCAINE POW 5 GRAMS  
GABAPENTIN POW 5 GRAMS  
CYCLOBENZAPRINE POW 2 GRAMS  
ETHOXY DIGLYCOL LIQ 15 ML  
PENTRAVAN CREAM 48 GRAMS

DISP: 100 GRAMS

REFILLS: [REDACTED]

SIG: APPLY TO AFFECTED AREA TID

## **LIDODERM 5% PATCH**

SIG: APPLY UP TO 5 PATCHES TO AFFECTED AREA 12 HOURS ON 12 HOURS OFF

DISP: 30 60 90

## **LIDOCAINE OINTMENT 5%**

APPLY TO AFFECTED AREAS TWICE A DAY

DISP: 100 150 200 250 Grams

REFILLS: [REDACTED]

## **DICLOFENAC SODIUM 5% GEL**

SIG: APPLY TO AFFECTED AREAS TWICE A DAY

DISP: 100 200 300 Grams

REFILLS: [REDACTED]

## **NAPROXEN 550MG**

SIG: [REDACTED]

DISP: 60 90 120

REFILLS: [REDACTED]

## **ADRIAL-20MG**

SIG: [REDACTED]

DISP: 30 60 90

REFILLS: [REDACTED]

## **FLEXERIL 10MG**

SIG: [REDACTED]

DISP: 30 60 90

REFILLS: [REDACTED]

## **CeleBREX 200 MG Oral Capsule**

DISP: 30 60 90

SIG: [REDACTED]

REFILLS: [REDACTED]

## **PRESCRIBER INFORMATION:**

NAME: JORDAN FERSEL M.D.

PHONE: 718-356-0222

NPI # 1881685519

STATEMENT OF MEDICAL NECESSITY:

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS.

PHYSICIAN SIGNATURE: [REDACTED]

Date: 7/27/18



<b>PRESCRIPTION ORDER FORM</b> <b>NYEX PHARMACY INC.</b> 179-07 Union Turnpike Fresh Meadows, NY, 11366 Tel: 718-673-7272 FAX: 718-673-7927		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2018	
<b>NAME:</b> _____ <b>D.O.B:</b> _____ <b>D.O.A:</b> _____ <b>ADDRESS:</b> _____ <b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____ <b>PHONE:</b> ( ) _____ <b>ALLERGIES:</b> _____ <b>ICD-9/BODYPARTS:</b> _____			
<b>IBUPROFEN TABS 600 MG</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____		<b>NAPROXEN 550MG</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____	
<b>DICLOFENAC SODIUM 3% GEL</b> <b>SIG:</b> APPLY TO AFFECTED AREAS TWICE A DAY <b>DISP:</b> <u>100</u> <u>200</u> <u>300</u> Grams <b>REFILLS:</b> _____		<b>DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCaine UNIMENT 5% 100 GRAM</b> <b>SIG:</b> APPLY TO AFFECTED AREAS TWICE A DAY <b>DISP:</b> <u>200</u> GRAMS <b>REFILLS:</b> <u>none</u>	
<b>CeleBREX 200 MG Oral Capsule</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____		<b>NESTUM 20MG</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____	
<b>BACLOFEN 10 mg</b> <b>SIG:</b> _____ <b>DISP:</b> <u>60</u> <u>90</u> <u>120</u> <b>REFILLS:</b> _____		<b>FLEXIBL 10MG</b> <b>SIG:</b> <u>one tab nightly</u> <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> <u>none</u>	
<b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____		<b>PRESCRIBER INFORMATION:</b> <u>MD.</u> <b>NAME:</b> <u>Joseph Jimenez</u> <b>METRO PAIN</b> <b>ADDRESS:</b> <b>SPECIALIST PC</b> <b>PHONE:</b> <u>718-239-3123</u> <b>2451 E. Tremont Ave</b> <b>BRONX, NY 10461</b> <b>NPI #</b> <u>1437310448</u> <b>LIC#</b> <u>289551-1</u>	
<b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____		<b>STATEMENT OF MEDICAL NECESSITY:</b> SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS <b>PHYSICIAN SIGNATURE</b> _____ <b>Date:</b> <u>9/6/18</u>	

**PRESCRIPTION ORDER FORM**

WELLMART RX INC.  
219-19 JAMAICA VE QUEENS VILLAGE NY, 11428  
TEL: 718-704-0808 FAX: 718-704-0818

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NAME: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: ( ) \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
ICD-9/BODYPARTS: \_\_\_\_\_

**COMPOUND KETOPROFEN**

KETOPROFEN POW 60 GRAMS  
BACLOFEN POW 3 GRAMS  
LIDOCAINE POW 3.75 GRAMS  
CYCLOBENZAPRINE POW 3 GRAMS  
GABAPENTIN POW 9 GRAMS  
ETHOXY DIGLYCOL LIQ 26.25 ML  
PENTRAVAN CREAM 75 GRAMS

Rx#: 60067 R# 9/7/2018 GC DOB 4/11/1937  
LOPEZ, EVELYN [NO]  
248 WAINWRIGHT AVE STATEN ISLAND NY 10312  
Dr FERSEL JORDAN (718) 356-9222 Lic # 162725 DEA #  
Copy 30.00 Ins Paid \$2269.56 Auth#

**COMPOUND FLURBIPROFEN**

FLURBIPROFEN POW 20 GRAMS  
BACLOFEN POW 4 GRAMS  
LIDOCAINE POW 5 GRAMS  
GABAPENTIN POW 6 GRAMS  
CYCLOBENZAPRINE POW 2 GRAMS  
ETHOXY DIGLYCOL LIQ 15 ML  
PENTRAVAN CREAM 48 GRAMS

**THIONFEN 5% PATCH**

SIG: APPLY UP TO 3 PATCHES TO AFFECTED AREA 12 HOURS ON 12 HOURS OFF  
DISP: 30 60 90

APPLY TO AFFECTED AREAS TWICE A DAY  
DISP: 100 150 200 250 Grams  
REFILLS: \_\_\_\_\_

SIG: APPLY TO AFFECTED AREAS TWICE A DAY  
DISP: 100 200 300 Grams  
REFILLS: \_\_\_\_\_

**NAPROXEN 550MG**

SIG: \_\_\_\_\_  
DISP: 60 90 120  
REFILLS: \_\_\_\_\_

**NEURON 20MG**

SIG: \_\_\_\_\_  
DISP: 30 60 90  
REFILLS: \_\_\_\_\_

**FLEXIRIC 10MG**

SIG: \_\_\_\_\_  
DISP: 30 60 90  
REFILLS: \_\_\_\_\_

**CeleBREX 200 MG Oral Capsule**

DISP: 30 60 90  
SIG: \_\_\_\_\_  
REFILLS: \_\_\_\_\_

**PRESCRIBER INFORMATION:**

NAME: JORDAN FERSEL M.D.  
PHONE: 718-356-9222  
NPI # 1881685519

UC# 049662 NY 162725

**STATEMENT OF MEDICAL NECESSITY:**


SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS.

**PHYSICIAN SIGNATURE:**

Date: 8/31/18

PRESCRIPTION ORDER FORM		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016	
NVRX PHARMACY INC. 179-07 Union Turnpike Fresh Meadows, NY, 11366 Tel: 718-673-7272 FAX: 718-673-7327			
NAME: [REDACTED] D.O.B: [REDACTED] D.O.A: [REDACTED]			
ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]			
PHONE: ( ) [REDACTED] ALLERGIES: [REDACTED]			
ICD-9/BODYPARTS: [REDACTED]			
<u>IBUPROFEN TABS 600 MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<u>NAPROXEN 550MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<u>DICLOFENAC SODIUM 3% GEL</u> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: <u>100</u> <u>200</u> <u>300</u> Grams REFILLS: _____		<u>LIDOCAINE 5% OINTMENT</u> SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY DISP: <u>100</u> <u>150</u> <u>200</u> <u>250</u> gr REFILLS: _____	
<u>DICLOFENAC SODIUM 3% GEL</u> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: <u>100</u> <u>200</u> <u>300</u> Grams REFILLS: _____		<u>DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 100 GRAM</u> APPLY TO AFFECTED AREAS TWICE A DAY DISP: <u>200</u> GRAMS REFILLS: <u>one</u>	
<u>CeleBREX 200 MG Oral Capsule</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<u>NEXIUM 20MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<u>FLEXIRIL 10MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<u>FLEXIRIL 10MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<u>BACLOFEN 10 mg</u> SIG: _____ DISP: <u>60</u> <u>90</u> <u>120</u> REFILLS: _____		PRESCRIBER INFORMATION: MD. NAME: <u>Joseph Jimenez</u> METRO PAIN ADDRESS: <u>SPECIALIST PC</u> <u>2451 E. Tremont Ave</u> PHONE: <u>718-239-3123</u> <u>Bronx, NY 10461</u> NPI # <u>1437310448</u> LIC# <u>289551-1</u>	
<u>BACLOFEN 10 mg</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		STATEMENT OF MEDICAL NECESSITY: SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS PHYSICIAN SIGNATURE: <u>[Signature]</u> Date: <u>7/13/18</u>	



PRESCRIPTION ORDER FORM		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016	
WELLMART RX INC. 219-73 JAMAICA VE QUEENS VILLAGE NY, 11428 TEL: 718-704-0808 FAX: 718-704-0818			
NAME: [REDACTED]		D.O.B: _____ D.O.A: _____	
ADDRESS: _____		CITY: _____ STATE: _____ ZIP: _____	
PHONE: ( ) _____ ALLERGIES: _____			
ICD-9/BODYPARTS: _____			
<b>COMPOUND KETOPROFEN</b> KETOPROFEN POW 60 GRAMS BACLOFEN POW 3 GRAMS LIDOCAINE POW 3.75 GRAMS CYCLOBENZAPRINE POW 3 GRAMS GABAPENTIN POW 4 GRAMS ETHOXYDIGLYCOL LIQ 36.25 ML PENTRAXAN CREAM 75 GRAMS DISP: 180 GRAMS      REFILLS: _____ SIG: APPLY TO AFFECTED AREA TID		<b>COMPOUND FLURBIPROFEN</b> FLURBIPROFEN POW 20 GRAMS BACLOFEN POW 4 GRAMS LIDOCAINE POW 5 GRAMS GABAPENTIN POW 6 GRAMS CYCLOBENZAPRINE POW 2 GRAMS ETHOXYDIGLYCOL LIQ 15 ML PENTRAXAN CREAM 48 GRAMS DISP: 100 GRAMS      REFILLS: _____ SIG: APPLY TO AFFECTED AREA TID	
<b>LIDOCAINE OINTMENT 5%</b> APPLY TO AFFECTED AREAS TWICE A DAY DISP: _____ 100 _____ 150 _____ 200 _____ 250 Grams REFILLS: _____		<b>DICLOFENAC SODIUM 5% GEL</b> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: _____ 100 _____ 200 _____ 300 Grams REFILLS: _____	
<b>NAPROXEN 550MG</b> SIG: _____ DISP: _____ 60 _____ 90 _____ 120 REFILLS: _____		<b>MEKXIM 20MG</b> SIG: _____ DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____	
<b>FLEXIRIL 10MG</b> SIG: _____ DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____			
<b>CeleBREX 200 MG Oral Capsule</b> DISP: _____ 30 _____ 60 _____ 90 SIG: _____ REFILLS: _____		<b>PRESCRIBER INFORMATION:</b> NAME: JORDAN FERSEL M.D. PHONE: 718-356-9222 NPI #: 1581685519      UC#: 049862      NY 160125  <b>STATEMENT OF MEDICAL NECESSITY:</b> SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS.  <b>PHYSICIAN SIGNATURE</b>  <b>Date:</b> 9/28/18	

## PHYSICIAN ORDER

NAME: [REDACTED] D.O.B: [REDACTED] D.O.A: 10-2-18		
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____		
TEL: _____ ICD-9/BODY PARTS: _____		
<u>MELOXICAM 15MG</u> QTY: 30 TABS SIG: TAKE ONE TABLET DAILY WITH FOOD. REFILLS: _____	<u>LIDOCAINE 5% OINT.</u> QTY: 150 GM SIG: APPLY 1-2 GRAMS UP TO 4 TIMES A DAY AS NEEDED FOR PAIN. REFILLS: _____	<u>PENNSAID (DICLOFENAC) 1.5% SOLUTION</u> QTY: 150 ML SIG: APPLY 40 DROPS TO AFFECTED AREA 4 TIMES A DAY. REFILLS: _____
<u>LIDODERM 5% PATCH</u> QTY: 30 60 90 SIG: APPLY 1-3 PATCHES TO AFFECTED AREAS FOR 12 HOURS DAILY. REFILLS: _____	<u>DICLOFENAC SODIUM 3% GEL</u> QTY: 100GM 200GM SIG: APPLY TO AFFECTED AREAS TWICE A DAY. REFILLS: $\phi$	<u>CELEBREX 200 MG ORAL CAPSULE</u> QTY: 30 CAPS SIG: TAKE ONE CAPSULE A DAY REFILLS: _____
DRUG:  SIG: _____  QTY: _____  REFILLS: _____	PRESCRIBER INFORMATION: NAME: RADHA K. GARA PHONE: 718-833-4199 NPI# 1922354547 LIC# 237012	
PHYSICIAN SIGNATURE: <u>Radha K. GARA</u> DATE: 10-10-18		

<b>PRESCRIPTION ORDER FORM</b> <b>NVRX PHARMACY INC.</b> 179-07 Union Turnpike Fresh Meadows, NY, 11366 Tel: 718-673-7272 FAX: 718-673-7327		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2018	
NAME: [REDACTED]		D.O.B: [REDACTED]	
ADDRESS: [REDACTED]		CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]	
PHONE: [REDACTED]		ALLERGIES: <u>NKDA</u>	
ICO-9/BODYPARTS: _____			
<u>IBUPROFEN TABS 200 MG</u> SIG: <u>1 tab PO q6</u> DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: <u>0</u>		<u>NAPROXEN 500MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<u>DICLOFENAC SODIUM 3% GEL</u> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: <u>100</u> <u>200</u> <u>300</u> Grams REFILLS: <u>0</u>		<u>DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 100 GRAM</u> APPLY TO AFFECTED AREAS TWICE A DAY DISP: <u>200</u> GRAMS REFILLS: _____	
<u>CeleBREX 200 MG Oral Capsule</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		<u>NESTOR 20MG</u> SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____	
<u>DICLOFENAC 10 mg</u> SIG: _____ DISP: <u>60</u> <u>90</u> <u>120</u> REFILLS: _____		<b>PRESCRIBER INFORMATION:</b> NAME: <u>Boubert Carline, PA</u> ADDRESS: <u>717 Southern Blvd Bronx NY 10455</u> PHONE: <u>929-259-9502</u> NPI #: <u>1801185418</u> LIC#: <u>008145</u> STATEMENT OF MEDICAL NECESSITY: SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS.	
SIG: _____ DISP: <u>30</u> <u>60</u> <u>90</u> REFILLS: _____		PHYSICIAN SIGNATURE: _____ Date: <u>10/4/18</u>	

PRESCRIPTION ORDER FORM		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2015	
<b>WELLMART RX INC.</b> 219-13 JAMAICA VE QUEENS VILLAGE NY, 11425 TEL: 718-704-0508 FAX: 718-704-0818			
NAME: _____		D.O.B: _____ D.O.A: _____	
ADDRESS: _____		CITY: _____ STATE: _____ ZIP: _____	
PHONE: ( ) _____ ALLERGIES: _____			
ICD-9/BODYPARTS: _____			
<b>COMPOUND KETOPROFEN:</b> KETOPROFEN POW 60 GRAMS BACLOFEN POW 3 GRAMS LIDOCAINE POW 3.75 GRAMS CYCLOBENZAPRINE POW 3 GRAMS GABAPENTIN POW 9 GRAMS ETHOXY DIGLYCOL LIQ 26.25 ML		<b>COMPOUND FLURBIPROFEN:</b> FLURBIPROFEN POW 20 GRAMS BACLOFEN POW 4 GRAMS LIDOCAINE POW 5 GRAMS GABAPENTIN POW 6 GRAMS CYCLOBENZAPRINE POW 2 GRAMS ETHOXY DIGLYCOL LIQ 15 ML PENTRAVAN CREAM 48 GRAMS	<b>LIDODERM 5% PATCH</b> SIG: APPLY UP TO 3 PATCHES TO AFFECTED AREA 12 HOURS ON 12 HOURS OFF DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____
Rx#: 60064 R# 0 9/7/2018 GC #: 30 TIZANIDINE HCL TAB 4MG Dr FERSEL JORDAN (718) 356-9222 Lic # 162725 DEA # Copy 50.00 Ins Paid \$48.95 Auth#		DISP: 100 GRAMS REFILLS: _____ SIG: APPLY TO AFFECTED AREA TID	
<b>LIDOCAINE OINTMENT 5%</b> APPLY TO AFFECTED AREAS TWICE A DAY DISP: _____ 100 _____ 150 _____ 200 _____ 250 Grams REFILLS: _____		<b>DICLOFENAC SODIUM 5% GEL</b> SIG: APPLY TO AFFECTED AREAS TWICE A DAY DISP: _____ 100 _____ 200 _____ 300 Grams REFILLS: _____	
<b>NAPROXEN 550MG</b> SIG: _____ DISP: _____ 60 _____ 90 _____ 120 REFILLS: _____	<b>NEXIUM 20MG</b> SIG: _____ DISP: _____ 30 _____ 60 _____ REFILLS: _____	<b>PRELEXIN 10MG</b> SIG: _____ DISP: _____ 30 _____ 60 _____ 90 _____ 120 _____ REFILLS: _____	
<b>CeleBREX 200 MG Oral Capsule</b> DISP: _____ 30 _____ 60 _____ 90 SIG: _____ REFILLS: _____	<b>PRESCRIBER INFORMATION:</b> NAME: JORDAN FERSEL M.D. PHONE: 718-356-9222 NPI # 1881685519 STATEMENT OF MEDICAL NECESSITY: SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS.		
SIG: _____ DISP: _____ 30 _____ 60 _____ 90 REFILLS: _____	<b>PHYSICIAN SIGNATURE:</b> _____ Date: 8/29/18		

WELLMART RX INC.  
219-18 JAMAICA VE QUEENS VILLAGE NY, 11428  
TEL: 718-704-0808 FAX: 718-704-0818

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE BY FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016

NAME: [REDACTED] D.O.B: [REDACTED] D.O.A: [REDACTED]  
ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]  
PHONE: [REDACTED] ALLERGIES: [REDACTED]  
ICD-9/BODYPARTS: [REDACTED]

COMPOUND KETOPROFEN

KETOPROFEN POW 60 GRAMS  
BACLOFEN POW 3 GRAMS  
LIDOCAINE POW 3.75 GRAMS  
CYCLOBENZAPRINE POW 3 GRAMS  
GABAPENTIN POW 9 GRAMS  
ETHOXY DIGLYCOL LIQ 25.25 ML  
PENTRAVAN CREAM 75 GRAMS

DISP: 180 GRAMS REFILLS: [REDACTED]

SIG: APPLY TO AFFECTED AREA TID

COMPOUND FLURBIPROFEN

FLURBIPROFEN POW 20 GRAMS  
BACLOFEN POW 4 GRAMS  
LIDOCAINE POW 5 GRAMS  
GABAPENTIN POW 6 GRAMS  
CYCLOBENZAPRINE POW 2 GRAMS  
ETHOXY DIGLYCOL LIQ 15 ML  
PENTRAVAN CREAM 48 GRAMS

DISP: 100 GRAMS REFILLS: [REDACTED]

SIG: APPLY TO AFFECTED AREA TID

LIDDERM 5% PATCH

SIG: APPLY UP TO 3 PATCHES TO AFFECTED AREA 12 HOURS ON 12 HOURS OFF

DISP: 30 60 90

REFILLS: [REDACTED]

LIDOCAINE OINTMENT 5%

APPLY TO AFFECTED AREAS TWICE A DAY

DISP: 100 150 200 250 Grams

REFILLS: [REDACTED]

DICLOFENAC SODIUM 5% GEL

SIG: APPLY TO AFFECTED AREAS TWICE A DAY

DISP: 100 200 300 Grams

REFILLS: [REDACTED]

NAPROXEN 550MG

SIG: [REDACTED]

DISP: 60 90 120

REFILLS: [REDACTED]

NESTEN 20MG

SIG: [REDACTED]

DISP: 30 60 90

REFILLS: [REDACTED]

FLEXIRIL 10MG

SIG: [REDACTED]

DISP: 30 60 90

REFILLS: [REDACTED]

CeleBREX 200 MG Oral Capsule

DISP: 30 60 90

SIG: [REDACTED]

REFILLS: [REDACTED]

PRESCRIBER INFORMATION:

NAME: JORDAN FERSEL M.D.

PHONE: 718-356-9222

NPI #: 1581685519

UC# 049662 NY 162725

STATEMENT OF MEDICAL NECESSITY:

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS

PHYSICIAN SIGNATURE

Date: 10/10/18



**PRESCRIPTION ORDER FORM**

**NYRX PHARMACY INC.**

179-07 Union Turnpike, Fresh Meadows, NY, 11366

Tel: 718-673-7272 FAX: 718-673-7327

ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016

NAM: [REDACTED] D.O.B: \_\_\_\_\_ D.O.A: \_\_\_\_\_  
 ADD: [REDACTED] CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: ( ) \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
 ICD-9/BODYPARTS: \_\_\_\_\_

**IBUPROFEN TABS 600 MG**

SIG: \_\_\_\_\_  
 DISP: 30 60 90  
 REFILLS: \_\_\_\_\_

**NAPROXEN 550MG**

SIG: \_\_\_\_\_  
 DISP: 30 60 90  
 REFILLS: \_\_\_\_\_

**LIDOCAINE 5% OINTMENT**

SIG: APPLY UP TO AFFECTED AREAS TWICES A DAY  
 DISP: 100 150 200 250gr  
 REFILLS: \_\_\_\_\_

**DICLOFENAC SODIUM 3% GEL**

SIG: APPLY TO AFFECTED AREAS TWICE A DAY  
 DISP: 100 200 300 Grams  
 REFILLS: 3

**DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 100 GRAM**

APPLY TO AFFECTED AREAS TWICE A DAY  
 DISP: 200 GRAMS  
 REFILLS: \_\_\_\_\_

**CeleBREX 200 MG Oral Capsule**

SIG: \_\_\_\_\_  
 DISP: 30 60 90  
 REFILLS: 3

**NEXIUM 20MG**

SIG: \_\_\_\_\_  
 DISP: 30 60 90  
 REFILLS: \_\_\_\_\_

**FLEXTRIL 10MG**

SIG: \_\_\_\_\_  
 DISP: 30 60 90  
 REFILLS: \_\_\_\_\_

**BACLOFEN 10 mg**

SIG: \_\_\_\_\_  
 DISP: 60 90 120  
 REFILLS: 2

**PRESCRIBER INFORMATION:**

NAME: Howard I Baum  
 ADDRESS: 108-25 MERRICK BLVD  
 PHONE: (718) 658-9700 Jamaica NY 114  
 NPI # 1063529287 AJC# 184624

**STATEMENT OF MEDICAL NECESSITY:**

SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS

**PHYSICIAN SIGNATURE**

Date: 11/27/18

SIG: \_\_\_\_\_  
 DISP: 30 60 90  
 REFILLS: \_\_\_\_\_

<b>PRESCRIPTION ORDER FORM</b> <b>NYRX PHARMACY INC.</b> 179-07 Union Turnpike, Fresh Meadows, NY, 11366 Tel: 718-673-7272 FAX: 718-673-7327		ALL COMPOUND TOPICAL CREAMS ARE PREPARED IN ACCORDANCE WITH STATE AND FEDERAL REGULATIONS GOVERNING COMPOUNDS. COMPOUNDS ARE AVAILABLE BY PRESCRIPTION ONLY. THIS FACSIMILE TRANSMISSION IS INTENDED TO BE DELIVERED TO THE NAMED ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS CONFIDENTIAL, PRIVILEGED, AND PROPRIETARY OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF IT RECEIVED BY ANYONE OTHER THAN THE NAMED ADDRESSEE PLEASE DESTROY. COPYRIGHT 2016	
<b>NAME:</b> [REDACTED]		<b>B:</b> _____ <b>D.O.A:</b> _____	
<b>ADDRESS:</b> [REDACTED]		<b>CITY:</b> _____ <b>STATE:</b> _____ <b>ZIP:</b> _____	
<b>PHONE:</b> ( ) _____ <b>ALLERGIES:</b> _____			
<b>ICD-9/BODYPARTS:</b> _____			
<b>IBUPROFEN TABS 600 MG</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____		<b>NAPROXEN 550MG</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____	
		<b>LIDOCAINE 5% OINTMENT</b> <b>SIG:</b> APPLY UP TO AFFECTED AREAS TWICES A DAY <b>DISP:</b> <u>100</u> <u>150</u> <u>200</u> <u>250gr</u> <b>REFILLS:</b> _____	
<b>DICLOFENAC SODIUM 3% GEL</b> <b>SIG:</b> APPLY TO AFFECTED AREAS TWICE A DAY <b>DISP:</b> <u>100</u> <u>200</u> <u>300</u> Grams <b>REFILLS:</b> <u>3</u>		<b>DICLOFENAC SODIUM 3% GEL 100 GRAM WITH LIDOCAINE OINTMENT 5% 100 GRAM</b> <b>SIG:</b> APPLY TO AFFECTED AREAS TWICE A DAY <b>DISP:</b> 200 GRAMS <b>REFILLS:</b> _____	
<b>CeleBREX 200 MG Oral Capsule</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____		<b>NEXIUM 20MG</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____	
		<b>FLEXIRIL 10MG</b> <b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____	
<b>BACLOFEN 10 mg</b> <b>SIG:</b> _____ <b>DISP:</b> <u>60</u> <u>90</u> <u>120</u> <b>REFILLS:</b> _____		<b>PRESCRIBER INFORMATION:</b> <b>NAME:</b> Howard I Baum <b>ADDRESS:</b> 108-25 MERRICK BLVD <b>PHONE:</b> (718) 658-9700 Jamaica NY 11414 <b>NPI #</b> 1063529287 LIC# 184624	
		<b>STATEMENT OF MEDICAL NECESSITY:</b> SIDE EFFECTS ASSOCIATED WITH ORAL ADMINISTRATION CAN OFTEN BE AVOIDED WHEN MEDICATIONS ARE USED TOPICALLY. WHEN MEDICATIONS ARE ADMINISTERED TOPICALLY, THEY ARE NOT ABSORBED THROUGH THE GASTROINTESTINAL SYSTEM AND DO NOT UNDERGO FIRST-PASS HEPATIC METABOLISM. TOPICAL CREAMS/PATCHES WILL BE USED IN CONJUNCTION WITH LOWER DOSES OF ORAL MEDICATIONS TO PREVENT DEPENDENCE AND SIDE EFFECTS OF ORAL MEDICATIONS	
<b>SIG:</b> _____ <b>DISP:</b> <u>30</u> <u>60</u> <u>90</u> <b>REFILLS:</b> _____		<b>PHYSICIAN SIGNATURE:</b> _____ <b>Date:</b> 12/15/19	